

<div style="display: flex; justify-content: space-between;"> <div> <p>B</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div> <p>SERIAL NO. 09/819336</p> <p>APPLICANT(S)</p> </div> <div> <p>FILING DATE</p> </div> </div>						
CLAIMS						
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